

<b>Case Number:</b>	CM14-0157966		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	02/20/2013
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in Maryland. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the MTUS, Chronic Pain medical treatment guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Gabapentin is not recommended as a topical medication per MTUS guidelines. Tramadol is commercially available as an oral formulation which is not a first line drug for chronic pain. It is not clear why topical Tramadol is preferred over the more readily available oral formulation. The employee had no evidence of neuropathic pain and had no documentation on what first line medications had been tried and failed. Since the employee does not meet the MTUS criteria for necessity of some of the components of the compound topical, the whole topical compound is not medically necessary or appropriate.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Flurbiprofen 10percent, Lidocaine 10percent Cream 120 Ml for Joint Pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

**Decision rationale:** According to the MTUS, Chronic Pain medical treatment guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAIDs are indicated in osteoarthritis and tendinitis of knee, elbow, ankle, foot and hand. But only Voltaren gel is the FDA approved topical formulation. The employee had shoulder and neck issues in addition to wrist pain. It is not clear where the compounded cream was supposed to be used. Also it had Lidocaine topical, which is indicated for neuropathic pain after there has been evidence of a trial of first line therapy with antidepressants or AEDs. The employee had no evidence of neuropathic pain and had no documentation on what first line medications had been tried and failed. Shoulder and neck are not amenable to topical NSAID therapy according to guidelines. Since the employee does not meet the MTUS criteria for necessity of both the components of the compound topical, the whole topical compound (Flurbiprofen with Lidocaine) is not medically necessary.

**Lidocaine 6percent/Gabapentin 10/Tramadol 10/Cream, 120 ml for Inflammation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

**Decision rationale:** According to the MTUS, Chronic Pain medical treatment guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Gabapentin is not recommended as a topical medication per MTUS guidelines. Tramadol is commercially available as an oral formulation which is not a first line drug for chronic pain. It is not clear why topical Tramadol is preferred over the more readily available oral formulation. The employee had no evidence of neuropathic pain and had no documentation on what first line medications had been tried and failed. Since the employee does not meet the MTUS criteria for necessity of some of the components of the compound topical, the whole topical compound is not medically necessary or appropriate.